AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

- 1. (Currently amended) An implantable access port comprising:
 - a housing comprising a fluid chamber in fluid communication with an access aperture and a septum covering the access aperture;
 - a port stem extending from the housing, including a channel in fluid communication with the fluid chamber and [[a]] one or more catheter retention features; and
 - a visual indicator marking disposed on the port stem distal of an outer edge of the housing and proximal of the <u>one or more</u> catheter retention features, the visual indicator marking distinct from <u>each of</u> the catheter retention features.
- 2. (Original) The access port according to claim 1, wherein said marking comprises a contrast agent.
- 3. (Original) The access port according to claim 2, wherein said contrast agent comprises an ink.
- 4. (Original) The access port according to claim 1, wherein said marking comprises a contrast material.
- 5. (Original) The access port according to claim 4, wherein said contrast material comprises a ribbon.
- 6. (Original) The access port according to claim 5, wherein said ribbon comprises a metallic material.

7. (Original) The access port according to claim 5, wherein said contrast material comprises a shrink-wrap plastic.

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- 8. (Previously presented) The access port according to claim 1, wherein said marking is positioned on said port stem a sufficient distance from the housing outer edge to prevent a catheter proximal end aligned with the marking and compressed by a locking sleeve from abutting the housing outer edge.
- 9. (Withdrawn) The access port according to claim 1, wherein said marking comprises an indentation on an outer surface of said port stem.
- 10. (Withdrawn) The access port of claim 1, wherein said marking comprises a raised profile on an outer surface of said port stem.
- (Withdrawn) The access port of claim 1, wherein said marking comprises at 11. least two features aligned along the length of said port stem.
- The access port of claim 11, wherein said features are 12. (Withdrawn) configured such that said features direct the user to place a proximal end of said catheter between said two features.
- 13. (Currently amended) An implantable access port capable of being implanted beneath the skin of a patient, the access port enabling repeated, non-destructive fluid communication between the tip of a hypodermic needle piercing the skin of the patient and the proximal end of a lumen within a catheter implanted in the body of the patient coupled to the access port, said access port comprising:
 - an outlet stem extending from a housing, said stem enclosing a stem channel in fluid communication with a cavity in said housing; and
 - a visual indicator marking positioned on the outlet stem distal of an outer edge of the housing and proximal of [[a]] one or more catheter retention features, the visual indicator marking distinct from each of the catheter retention features.

14. (Withdrawn) The access port according to claim 13, wherein said marking comprises a raised profile on the-outer surface of said outlet stem.

- 15. (Withdrawn) The access port according to claim 13, wherein said marking comprises an indentation on the outer surface of said outlet stem.
 - 16. (Currently amended) A method of making an access port, comprising:

 fabricating an implantable access port comprising an outlet stem extending

 from a housing, the outlet stem enclosing a stem channel in fluid

 communication with a cavity in the housing and including [[a]] one or

 more catheter retention features; and
 - providing a visual indicator marking distinct from <u>each of</u> the catheter retention features on the outlet stem distal of an outer edge of the housing and proximal of the <u>one or more catheter</u> retention features.
- 17. (Withdrawn) The method according to claim 16, wherein the act of providing a marking comprises forming an indentation on the surface of said stem.
- 18. (Withdrawn) The method according to claim 16, wherein the act of providing a marking comprises forming a protruding structure on the surface of said stem.
- 19. (Previously presented) The method according to claim 16, wherein the act of providing a marking comprises positioning the marking a sufficient distance from the housing outer edge to prevent a catheter proximal end aligned with the marking and compressed by a locking sleeve from abutting the housing outer edge.
 - 20. (Canceled).

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21. (Currently amended) A method of connecting a catheter to an access port during implantation, the access port including a housing and a stem extending from the housing, the stem including [[a]] one or more catheter retention features and a visual indicator marking distinct from each of the catheter retention features, the visual indicator marking spaced distally from an outer edge of the housing and proximally from the one or more catheter retention features, comprising:

inserting the access port stem into a proximal end of the catheter; and advancing the proximal end of the catheter over the <u>one or more</u> catheter retention features and into alignment with the visual indicator marking.

22. (Original) The method according to claim 21, further comprising the act of placing a locking sleeve over the port stem and the proximal section of said catheter to secure said catheter on said port stem.

23-24. (Canceled).

- 25. (New) An implantable access port, comprising:
 - a housing comprising a fluid chamber in fluid communication with an access aperture and a septum covering the access aperture;
 - a port stem extending from the housing, including a channel in fluid communication with the fluid chamber and at least one catheter retention feature; and
 - a visual indicator marking disposed on the port stem distal of an outer edge of the housing and proximal of the at least one catheter retention feature, the visual indicator marking configured solely to indicate proper placement of a proximal end of a catheter on the port stem.